BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

4350,001100

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			24					RATE	∘sFEE*×	NON-TH		FEE	ł
FOR			NUMBER FILED N		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	l
TOTAL CHARGEABLE CLAIMS			7) minus 20= *		• ;	7 A	. 2	X\$ 9=		OR	X\$18=	126-	
INDEPENDENT CLAIMS			7 minus 3 = *			4		X40=	·	OR	X80=	320	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT			1				1	- A		4.00
· If	the difference	in column 1 is	less than zero, enter "0" in column 2				+135=		OR	+270=	2/0		
	4.4.4.4.5.		MENDED - PART II					TOTAL	(1) 20 mm (1) 10 mm (1) 1	OR	esteriorischertu v. v.	7426	ł
	ing digital in the constant of	(Column 1)				(Column 3)	a Artini	SMALL	ENTITY	OR	OTHER SMALL I		
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	. 28	Minus	2	8		, jež	X\$ 9=		OR	X\$18=		
AME	Independent	. 7	Minus	••• /	7			X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+135=			+270=	**************************************	
								TOTAL		OR	TOTAL	23 1 m 2	
(A) or X		(Column 1)		(Colur		(Column 3)		ADDIT. FEE		OR	ADDIT. FEE		
		CLAIMS		HIGH	EST		1 6		ADDI-			ADDI-	-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	West Street
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		Constant Constant
ME	Independent	*	Minus	***				X40=	elinen e waterioù	OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		J	81 (1.3) (3.5) (4.5) (4.5)	n ya sasaran Liwas sasaran		Section and section (Link)		
			·					+135= TOTAL		OR	+270=		
								DDIT. FEE		OR	TOTAL ADDIT. FEE		Sept.
	14 (1 m) (1	(Column 1) CLAIMS	Shelf Marketini di	(Colur		(Column 3)	· _						
AMENDMENT C		REMAINING AFTER AMENDMENT	T.	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
DME	Total	*	Minus	**	ron	=	1	X\$ 9=	FEE		X\$18=	FEE .	
MEN	Independent	*	Minus	***		=	1		S. A. C. WARREST	OR			
١V	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		1	X40=		OR	X80=		
								+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box											TOTAL ADDIT. FEE		